

ORIGINAL
OPEN MEETING AGENDA ITEM



0000024218

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TEMPE OFFICE
4500 S. LAKESHORE DRIVE
SUITE 339
TEMPE, ARIZONA 85282

RICHARD L. SALLQUIST

PHONE (480) 839-5202
FACSIMILE (480) 345-0412
E-MAIL dick@sd-law.com

August 23, 2005

Colleen Ryan
Arizona Corporation Commission
Docket Control
1200 West Washington Street
Phoenix, Arizona 85007

Re: Johnson Utilities Company; Docket No. WS-02987A-0⁴~~5~~-0889; Commissioners' Request

Dear Ms. Ryan:

At the Open Meeting of August 11, 2005, the Chairman asked the Company to file supporting documentation indicating that the Company's related entities had adequate insurance to insulate the Company from exposure in those entities litigation matters.

Attached please find a letter from Johnson International's insurance agent indicating \$10 million in general liability coverage for Johnson International, and \$5 million coverage for La Osa Ranch. Also attached are Certificates of Insurance from those entities subcontractor naming Johnson International as an additional insured for \$4 million in coverage.

The Company believes that it is apparent that the entities named in the subject litigation are adequately insured and that no bond regarding that litigation should be required of the Company.

If we can provide additional information, please do not hesitate to call.

Sincerely,

Richard L. Sallquist

Enclosures

AZ CORP COMMISSION
DOCUMENT CONTROL

2005 AUG 24 P 2:26

RECEIVED

Ms. Colleen Ryan
August 23, 2005
Page 2

Cc: Commissioners
Commissioners' Advisors
Hearing Division
Legal Division
Utilities Division
Brian Tompsett



NEW CENTURY INSURANCE SERVICES INC.
ESTABROOK INSURANCE GROUP
Your Insurance Solution

Ron Estabrook, CIC
President

August 17, 2005

Brian Tompsett
Johnson International Inc.
5230 East Shea Boulevard
Scottsdale, AZ 85254

RE: Johnson International and La Osa Ranch Policies

Dear Brian:

Per our telephone conversation, following are the policies we have carried for Johnson International and La Osa Ranch:

Johnson International

General Liability Policy ACP 7200636262 Effective 01/01/2000-2001
Limits \$1,000,000 Occurrence / \$2,000,000 Aggregate

Umbrella Policy ACP 7200636262 Effective 01/01/2000-2001
Limits \$10,000,000 Occurrence

General Liability Policy ACP 7210636262 Effective 01/01/2001-2002
Limits \$1,000,000 Occurrence / \$2,000,000 Aggregate

Umbrella Policy ACP 7210636262 Effective 01/01/2001-2002
Limits \$10,000,000 Occurrence

General Liability Policy ACP 7220636262 Effective 01/01/2002-2003
Limits \$1,000,000 Occurrence / \$2,000,000 Aggregate

Umbrella Policy ACP 7220636262 Effective 01/01/2002-2003
Limits \$10,000,000 Occurrence

General Liability Policy ACP 7230636262 Effective 01/01/2003-2004
Limits \$1,000,000 Occurrence / \$2,000,000 Aggregate

Umbrella Policy ACP 7230636262 Effective 01/01/2003-2004
Limits \$10,000,000 Occurrence

General Liability Policy ACP 7240636262 Effective 01/01/2004-2005
Limits \$1,000,000 Occurrence / \$2,000,000 Aggregate

Umbrella Policy ACP 7240636262 Effective 01/01/2004-2005
Limits \$10,000,000 Occurrence

General Liability Policy ACP 7250636262 Effective 01/01/2005-2006
Limits \$1,000,000 Occurrence / \$2,000,000 Aggregate

Umbrella Policy ACP 7250636262 Effective 01/01/2005-2006
Limits \$10,000,000 Occurrence

La Osa Ranch

General Liability Policy FPKFMP7201230421 Effective 03/20/03-04
Limits \$1,000,000 Occurrence / \$2,000,000 Aggregate

Umbrella Policy FPKFAEA7201230421 Effective 03/20/03-04
Limits \$5,000,000 Occurrence

General Liability Policy FPKFMP7211230421 Effective 03/20/04-09/07/04
Limits \$1,000,000 Occurrence / \$2,000,000 Aggregate

Umbrella Policy FPKFAEA7211230421 Effective 03/20/04-09/07/04
Limits \$5,000,000 Occurrence

Please call if we can be of further help in this matter.

As always, it is a pleasure doing business with an organization such as yours.

Thank you.

Sincerely,
NEW CENTURY INSURANCE SERVICES, INC.



Ronald H. Estabrook
President

RHE:ml

Enclosures



**Allied
Insurance**

a Nationwide® company
On Your Side™

ALLIED COM-PAK SUMMARY

PRINTED 12/10/2004

1100 LOCUST ST DEPT 1100
DES MOINES, IA 50391-1100

Number: ACP 7250636262 Effective from 01/01/2005 to 01/01/2006
Named Insured: JOHNSON INTERNATIONAL, INC.
Mailing Address: 5230 E SHEA BLVD
SCOTTSDALE, AZ 85254-5750
Agency Name: NEW CENTURY INSURANCE SERVICES 02 20895 72
Agency Address: SCOTTSDALE AZ 85254-6130 (480)922-8008

Division	Program	Total Premium
A	COMMERCIAL GENERAL LIABILITY (NATIONWIDE)	\$2,096.00
B	PREMIER BUSINESSOWNERS - OFFICE	\$5,625.00
C	BUSINESS AUTO	\$6,661.00
D	COMMERCIAL INLAND MARINE	\$50.00
E	COMMERCIAL UMBRELLA LIABILITY	\$7,000.00

BY: _____

THIS IS NOT A BILL, SEE YOUR BILLING STATEMENT

Estimated Total Premium: \$ 21,432.00

This ALLIED Com-Pak is a portfolio of individual policies which serves to combine various insurance coverages written under a group of separate contracts of insurance.

DIRECT BILL EKF022

72U8

2004344

AGENT COPY

ACP 7250636262

72 0005702

PAKSUM 06 03



NATIONWIDE MUTUAL INSURANCE COMPANY
1100 LOCUST ST
DES MOINES IA 50391-1100

20895
RENEWAL

COMMERCIAL GENERAL LIABILITY DECLARATIONS

Policy Number: ACP GLO 7250636262

Named Insured: JOHNSON INTERNATIONAL, INC.
FOX HUNT PROPERTIES, LLC

Address: 5230 E SHEA BLVD
SCOTTSDALE AZ 85254-5750

Agent: NEW CENTURY INSURANCE SER
Address: SCOTTSDALE AZ 85254

02-20895-000

Policy Period: From 01/01/05 to 01/01/06 12:01 A.M. standard time at the address of the named insured as stated herein.

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

LIMITS OF INSURANCE

GENERAL AGGREGATE LIMIT (other than products-completed operations)	\$	2,000,000
PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT	\$	2,000,000
PERSONAL AND ADVERTISING INJURY LIMIT	\$	1,000,000
EACH OCCURRENCE LIMIT	\$	1,000,000
DAMAGE TO PREMISES RENTED TO YOU LIMIT (any one premises)	\$	100,000
MEDICAL EXPENSE LIMIT (any one person)	\$	5,000

Retroactive Date (CG0002 only)

The Named Insured is: CORPORATION

Business of the Named Insured is: LESSORS RISK - OFFICES

Audit Period:

ENDORSEMENTS ATTACHED TO THIS POLICY

SEE COMMERCIAL GENERAL LIABILITY FORMS AND ENDORSEMENTS SCHEDULE

PREMIUM FOR CERTIFIED ACTS OF TERRORISM \$ 0.00

TOTAL ADVANCE PREMIUM \$ 2,096.00

Replacement or

Renewal Number ACP GLO 7240636262

A PACKAGE MODIFICATION FACTOR HAS BEEN APPLIED

Countersigned By _____
Authorized Representative

GL-D (10-98)

DIRECT BILL 72TB 04346

AGENT COPY

ACP GLO 7250636262

623539138

72

0005704

NATIONWIDE MUTUAL INSURANCE COMPANY
1100 LOCUST ST
DES MOINES IA 50391-1100
1-515-280-4211

COMMERCIAL GENERAL LIABILITY SCHEDULE

Policy Number: ACP GLO 7250636262

Item No., Location and Description of Hazards	Code No.	Premium Basis	Rates		Advance Premium	
			OTHER	PR/CO	OTHER	PR/CO
001A AZ-002 VACANT LAND PRODUCTS-COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT -- OTHER THAN NOT-FOR-PROFIT HUNT HIGHWAY AT GOLF COURSE, ARIZONA	49451	ACRES 321	PER ACRE .990		\$317	
002A AZ-002 VACANT LAND PRODUCTS-COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT -- OTHER THAN NOT-FOR-PROFIT MYSTIC LAKE RANCH HUNT HIGHWAY ARIZONA	49451	ACRES 944	PER ACRE .990		\$935	
003A AZ-002 VACANT LAND PRODUCTS-COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT -- OTHER THAN NOT-FOR-PROFIT JOHNSON RANCH UNIT 1 LOT 65 QUEEN CREEK, AZ	49451	ACRES 1	PER ACRE .990		\$1	
004A AZ-002 VACANT LAND PRODUCTS-COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT -- OTHER THAN NOT-FOR-PROFIT	49451	ACRES 1	PER ACRE .990		\$1	

Total Advance Other and PR/CO

TOTAL ADVANCE PREMIUM

NOTE: For classes based on payroll each Executive Officer, Sole Proprietor or Partner may be subject to a fixed amount.

GL-DS (12-93)

DIRECT BILL 72TB 04346

AGENT COPY

ACP GLO 7250636262

623539138

72 0005705

NATIONWIDE MUTUAL INSURANCE COMPANY
 1100 LOCUST ST
 DES MOINES IA 50391-1100
 1-515-280-4211

COMMERCIAL GENERAL LIABILITY SCHEDULE

Policy Number: ACP GLO 7250636262

Item No., Location and Description of Hazards	Code No.	Premium Basis	Rates		Advance Premium	
			OTHER	PR/CO	OTHER	PR/CO

JOHNSON RANCH
 UNIT 1 LOT 66
 QUEEN CREEK, AZ

005A	AZ-002	49451	ACRES	1	PER ACRE .990	\$1
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VACANT LAND
 PRODUCTS-COMPLETED
 OPERATIONS ARE
 SUBJECT TO THE
 GENERAL AGGREGATE
 LIMIT -- OTHER THAN
 NOT-FOR-PROFIT

JOHNSON RANCH
 UNIT 1 LOT 91
 QUEEN CREEK, AZ

006A	AZ-002	49451	ACRES	1	PER ACRE .990	\$1
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VACANT LAND
 PRODUCTS-COMPLETED
 OPERATIONS ARE
 SUBJECT TO THE
 GENERAL AGGREGATE
 LIMIT -- OTHER THAN
 NOT-FOR-PROFIT

JOHNSON RANCH
 UNIT 1 LOT 96
 QUEEN CREEK, AZ

007A	AZ-002	49451	ACRES	1	PER ACRE .990	\$1
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VACANT LAND
 PRODUCTS-COMPLETED
 OPERATIONS ARE
 SUBJECT TO THE
 GENERAL AGGREGATE
 LIMIT -- OTHER THAN
 NOT-FOR-PROFIT

SE CORNER 56TH &
 CACTUS
 SCOTTSDALE, AZ

Total Advance Other and PR/CO

TOTAL ADVANCE PREMIUM

NOTE: For classes based on payroll each Executive Officer, Sole Proprietor or Partner may be subject to a fixed amount.

GL-DS (12-93)

DIRECT BILL 72T8 04346

AGENT COPY

ACP GLO 7250636262

623539138

72

0005706

NATIONWIDE MUTUAL INSURANCE COMPANY
 1100 LOCUST ST
 DES MOINES IA 50391-1100
 1-515-280-4211

COMMERCIAL GENERAL LIABILITY SCHEDULE

Policy Number: ACP GLO 7250636262

Item No., Location and Description of Hazards	Code No.	Premium Basis	Rates		Advance Premium	
			OTHER	PR/CO	OTHER	PR/CO
008A AZ-002 VACANT LAND PRODUCTS-COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT -- OTHER THAN NOT-FOR-PROFIT NW CORNER LEITH LANE & SHEA, SCOTTSDALE, AZ	49451	ACRES	1	PER ACRE .990	\$1	
009A AZ-002 VACANT LAND PRODUCTS-COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT -- OTHER THAN NOT-FOR-PROFIT C/O ATTAWAY & BELLE VISTA ROAD, QUEEN CREEK, AZ.	49451	ACRES	400	PER ACRE .990	\$396	
010A AZ-002 LAND - OCCUPIED BY PERSONS OTHER THAN INSURED FOR BUSINESS PURPOSES (LESSOR'S RISK ONLY) PRODUCTS-COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT 32510 SOUTH PICACHO HWY. ELOY, AZ.	45539	ACRES	160	PER ACRE .887	\$142	
001C CA-011 VACANT LAND PRODUCTS-COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT	49450	ACRES	390	FLAT CHARGE	\$300	

Total Advance Other and PR/CO

TOTAL ADVANCE PREMIUM

NOTE: For classes based on payroll each Executive Officer, Sole Proprietor or Partner may be subject to a fixed amount.

GL-DS (12-93)

DIRECT BILL 72T8 04346

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ACP GLO 7250636262

623539138

72

0005707

NATIONWIDE MUTUAL INSURANCE COMPANY
1100 LOCUST ST
DES MOINES IA 50391-1100
1-515-280-4211

COMMERCIAL GENERAL LIABILITY SCHEDULE

Policy Number: **ACP GLO 7250636262**

Item No., Location and Description of Hazards	Code No.	Premium Basis	Rates		Advance Premium	
			OTHER	PR/CO	OTHER	PR/CO

**INTERSTATE 8 &
CRESTWOOD RD.
EL CAJON, CA**

Total Advance Other and PR/CO **\$2,096**

TOTAL ADVANCE PREMIUM **\$2,096**

NOTE: For classes based on payroll each Executive Officer, Sole Proprietor or Partner may be subject to a fixed amount.

GL-DS (12-93)

DIRECT BILL 72T8 04346

AGENT COPY

ACP GLO 7250636262 623539138 72 0005708

NATIONWIDE MUTUAL INSURANCE COMPANY
1100 LOCUST ST
DES MOINES IA 50391-1100
1-515-280-4211

COMMERCIAL GENERAL LIABILITY SCHEDULE OF INSURED

POLICY Number: ACP GLO 7250636262 POLICY Period: From 01-01-05 To 01-01-06

Named Insured: JOHNSON INTERNATIONAL, INC.

Insured Names

001 JOHNSON INTERNATIONAL, INC.
002 FOX HUNT PROPERTIES, LLC
003 G H JOHNSON FAMILY, LLC
004 GEORGE H. JOHNSON REVOCABLE TRUST, AS AMENDED
005 JOHNSON, GEORGE H
006 JOHNSON, JANA S
007 DECEMBER COMPANIES
008 1580 SANTAN MOUNTAIN LLC
009 OCTOBER COMPANIES
010 GENERAL HUNT PROPERTIES, INC.
011 SONORAN RANCH, LLC

GL-DI (06-90)

DIRECT BILL 72TB 04346

AGENT COPY

ACP GLO 7250636262

623539138

72

0005709

NATIONWIDE MUTUAL INSURANCE COMPANY
1100 LOCUST ST
DES MOINES IA 50391-1100
1-515-280-4211

COMMERCIAL GENERAL LIABILITY FORMS AND ENDORSEMENTS

Number: ACP GLO 7250636262

Period: From 01/01/05 To 01/01/06

Named Insured: JOHNSON INTERNATIONAL, INC.

Form	Date	Title
CG0001	1001	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
CG2147	0798	EMPLOYMENT-RELATED PRACTICES EXCLUSION
CG2161	0498	EXCLUSION -- YEAR 2000 COMPUTER-RELATED AND OTHER ELEC. PROBLEMS - PCO
CG2165	0999	TOTAL POLLUTION EXCLUSION WITH A BLDG HTG EQUIP EXCEP & A HOSTILE FIRE EXCEPTION
CG2167	0402	FUNGI OR BACTERIA EXCLUSION
CG2170	1102	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
CG2187	0504	CONDITIONAL EXCLUSION OF TERRORISM (RELATING TO DISPOSITION OF FEDERAL TERRORISM)
CG7005	0487	THERMAL IRRITANT OR CONTAMINANT EXCEPTION
CG7033	0393	TWO OR MORE COVERAGE FORMS OR POLICIES ISSUED BY US
GL2199	0600	EXCLUSION - SUBSIDENCE OF LAND
IL0017	1185	COMMON POLICY CONDITIONS
IL0021	0498	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT
IL0258	0300	ARIZONA CHANGES - CANCELLATION AND NONRENEWAL
13614	1185	SPECIAL CONTINUATION PROVISION

IMPORTANT NOTICES

IN5017	0593	IMPORTANT NOTICE FOR RENEWAL POLICIES
IN7196	0402	IMPORTANT NOTICE TO POLICYHOLDERS - CG2165
IN7300	0904	NOTICE TO POLICY HOLDERS POTENTIAL RESTRICTIONS ON TERRORISM COVERAGE

GLDF (02-93)

PREMIER BUSINESSOWNERS POLICY

PREMIER OFFICE

LIABILITY DECLARATIONS

Policy Number: ACP BPO 7250636262

Policy Period:
From 01-01-05 To 01-01-06

WE PROVIDE INSURANCE ONLY FOR THOSE COVERAGES INDICATED BY A LIMIT OR BY "INCLUDED".

COVERAGES

LIMITS OF INSURANCE

Liability and Medical Payments	Per Occurrence	\$1,000,000
Medical Payments Coverage Sub Limit	Per Person	\$1,000
Tenants Property Damage Legal Liability Sub Limit	Per Covered Loss	\$300,000
Personal and Advertising Injury	Per Person Or Organization	\$1,000,000
Products - Completed Operations Aggregate	All Occurrences	\$2,000,000
General Aggregate (Other than Products - Completed Operations)	All Occurrences	\$2,000,000

AUTOMATIC ADDITIONAL INSURED STATUS

The following persons or organizations are automatically insureds when you and they have agreed in a written contract or agreement that such person or organization be added as an additional insured on your policy.

Co-Owners of Insured Premises	Included in Liability & Medical Payments Limit
Controlling Interest	Included in Liability & Medical Payments Limit
Grantor of Franchise or License	Included in Liability & Medical Payments Limit
Lessors of Leased Equipment	Included in Liability & Medical Payments Limit
Managers or Lessors of Leased Premises	Included in Liability & Medical Payments Limit
Mortgagee, Assignee or Receiver	Included in Liability & Medical Payments Limit
Owners or Other Interest from Whom Land has been Leased	Included in Liability & Medical Payments Limit
State or Political Subdivisions - Permits Relating to Premises	Included in Liability & Medical Payments Limit

PROPERTY DAMAGE DEDUCTIBLE

NONE

OPTIONAL COVERAGES

Employee Benefits - Retroactive Date 01/01/01	Each Employee	\$1,000,000
\$1,000 Each Employee Deductible	Aggregate	\$2,000,000

PB 81 03 (01-01)

DIRECT BILL 7208

KLF

AGENT COPY

UID 86

72 05719

DECLARATIONS
RENEWALCOMMERCIAL UMBRELLA LIABILITY
INSURANCE POLICY
AMCO INSURANCE COMPANY
1100 LOCUST ST DEPT 1100
DES MOINES IA 503911100

Policy Number: ACP CAA 7250636262

ITEM 1

Named Insured: JOHNSON INTERNATIONAL, INC.
- SEE SPECIAL ENDORSEMENT FORM

ITEM 2

Address: 5230 E SHEA BLVD
SCOTTSDALE AZ 852545750

Agent: NEW CENTURY INSURANCE SERVICES

Address: SCOTTSDALE AZ 85254 72 02 20895 0000

CSC

ITEM 3

Policy Period : From 12:01 A.M., 01/01/05 to 12:01 A.M., 01/01/06

ITEM 4

Schedule of Underlying Insurance: See Endorsement No. UMB 00 01

ITEM 5

Retained Limit Aggregate: NONE

ITEM 6

Limits of Insurance: a) \$10,000,000 Each Occurrence
b) \$10,000,000 Products - Completed Operations Aggregate
c) \$10,000,000 Other Aggregate

ITEM 7

Coverage ☒ A - Excess Follow Form Liability Insurance
☒ B - Umbrella Liability Insurance

ITEM 8

Premium : Amount
\$7,000.00

PREMIUM FOR CERTIFIED ACTS OF TERRORISM: \$0

ITEM 9

Endorsements:	UMB0001	0303	UMB0002	1298	UMB0014	1298	UMB0027	1298	UMB0028	1298
	UMB0034	1298	UMB0035	1298	17204	0589	UMB0049	0502	UMB0052	0203
	UMB0039	1298	13614	1185	UMB0064	0804	IN7303	0804	17264	1088

Renewal or Replacement No. ACP CAA 7240636262

Countersigned By

Authorized Representative

UMB 1 (12-98)

DIRECT BILL

72VE 04345

AGENCY

86

72 05736

AMCO INSURANCE COMPANY
1100 LOCUST ST DES MOINES IA 503911100

**COMMERCIAL UMBRELLA LIABILITY
FORMS AND ENDORSEMENTS SUMMARY**

Number: ACP CAA 7250636262

Period:
From 01/01/05 To 01/01/06

FORM/ENDORSEMENT	DATE	TITLE
IN7303	0804	POTENTIAL RESTRICTIONS OF TERRORISM COVERAGE
UMB0001	0303	SCHEDULE OF UNDERLYING INSURANCE
UMB0002	1298	COMMERCIAL UMBRELLA LIABILITY POLICY
UMB0014	1298	CARE, CUSTODY OR CONTROL EXCLUSION - REAL AND PERSONAL PROP
UMB0027	1298	LEAD, RADON AND ELECTRO-MAGNETIC EXCLUSION - COVERAGE B
UMB0028	1298	LIMITATION OF COVERAGE TO DESIGNATED PREMISES - COVERAGE A A
UMB0034	1298	PROFESSIONAL OR ERRORS AND OMISSIONS LIABILITY FOLLOWING FOR
UMB0035	1298	PUNITIVE DAMAGES EXCLUSION - COVERAGE A AND B
UMB0039	1298	SUBSIDENCE OF LAND EXCLUSION - COVERAGE B
UMB0049	0502	FUNGI OR BACTERIA EXCLUSION - COVERAGE A AND B
UMB0052	0203	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
UMB0064	0804	CONDITIONAL EXCLUSION OF TERRORISM-COVERAGE A & COVERAGE B
13614	1185	SPECIAL CONTINUATION PROVISION
17204	0589	BLANK ENDORSEMENT
17264	1088	NAMED INSURED

AMCO INSURANCE COMPANY
1100 LOCUST ST DES MOINES IA

503911100

**COMMERCIAL UMBRELLA LIABILITY
SCHEDULE OF INSUREDS**

Policy Number: ACP CAA 7250636262

Policy Period:
From 01/01/05 To 01/01/06

INSURED NAMES

JOHNSON INTERNATIONAL, INC.

FOX HUNT PROPERTIES, LLC

G H JOHNSON FAMILY, LLC

GEORGE H. JOHNSON REVOCABLE TRUST, AS AMENDED

JOHNSON, GEORGE H

JOHNSON, JANA S

SHEA UTILITY SERVICES COMPANY, INC.

DECEMBER COMPANIES

1580 SANTAN MOUNTAIN LLC

OCTOBER COMPANIES

GENERAL HUNT PROPERTIES, INC.

SONORAN RANCH, LLC

ITEM 4 Schedule of Underlying Insurance:

MINIMUM REQUIRED PRIMARY INSURANCE AND LIMITS THAT "YOU" MUST MAINTAIN DURING THE ENTIRE POLICY TERM. SEE YOUR POLICY FOR FURTHER INFORMATION.

Employers' Liability:		Bodily Injury by Accident
		\$ each accident
Type of Coverage		Bodily Injury by Disease
<input type="checkbox"/> Workers Compensation and Employers Liability Policy		\$ each employee
<input type="checkbox"/> Employers Liability Only		\$ policy limit
<input checked="" type="checkbox"/> Employers Liability Excluded		
Automobile Liability:		Bodily Injury and Property Damage Liability Combined
		\$ 1,000,000 each accident
Type of Coverage		
<input checked="" type="checkbox"/> Business Auto - Symbol 1		
<input type="checkbox"/> Business Auto - Symbol 7		
<input type="checkbox"/> Business Auto - Symbol 8 & 9		
<input type="checkbox"/> Other - Specify: _____		
<input type="checkbox"/> All Auto Excluded		
Garage Liability:		Bodily Injury and Property Damage Liability Combined
		each accident
Type of Coverage		\$ auto only
<input type="checkbox"/> Garage Liability - Symbol _____		\$ other than auto only
<input type="checkbox"/> Garage Liability Excluded		\$X aggregate other than auto only
General Liability:		Bodily Injury and Property Damage Liability Combined
<input checked="" type="checkbox"/> Commercial General Liability		
<input checked="" type="checkbox"/> Premier Businessowners Liability		
Other - Specify: <u>ACP BPO 7250636262</u>		
General Aggregate Limit (Other than Products - Completed Operations)		\$ 2,000,000
Products-Completed Operations Aggregate Limit		\$ 2,000,000
Personal and Advertising Injury Limit		\$ 1,000,000
Each Occurrence Limit		\$ 1,000,000
<input type="checkbox"/> General Liability Excluded		
Other Liability Underlying:		Specific Limits
EMPLOYEE BENEFITS ADMINISTRATION LIABILITY		1,000,000 EACH CLAIM
		2,000,000 AGGREGATE

Underlying Policies indicated as "Excluded" eliminate that coverage from this Umbrella Policy.

IMPORTANT NOTICE: RESTRICTIONS, LIMITATIONS AND EXCLUSIONS TO THE ABOVE SCHEDULED UNDERLYING POLICIES OR THEIR REPLACEMENTS WILL ACT AS RESTRICTIONS, LIMITATIONS AND EXCLUSIONS TO THIS UMBRELLA POLICY.

UMB 00 01 (03-03)

ACP CAA 7250636262

AGENCY

72 0005739

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LIMITATION OF COVERAGE TO DESIGNATED PREMISES - COVERAGE A AND COVERAGE B

This endorsement modifies insurance provided under the following:

COMMERCIAL UMBRELLA LIABILITY POLICY

It is agreed that Coverage A and Coverage B only apply to liability arising out of:

1. The operation(s) of the following designated premise(s)

SEE BLANK FORM 17204 FOR LOCATIONS

or

2. Any newly acquired premise(s), if reported within 30 days of ownership or control.

All other terms and conditions remain unchanged.

LOCATIONS PER FORM UMB0028

- 1) 5230 E. SHEA BLVD., SCOTTSDALE, AZ
- 2) 5310 E. SHEA BLVD., SCOTTSDALE, AZ
- 5) INTERSTATE 8 & CRESTWOOD RD, EL CAJON, CA
- 6) HUNT HIGHWAY AT GOLF COURSE, ARIZONA
- 7) HUNT HIGHWAY, MYSTIC LAKE RANCH, ARIZONA
- 9) JOHNSON RANCH UNIT 1 LOT 65, QUEEN CREEK, AZ
- 10) JOHNSON RANCH UNIT 1 LOT 66, QUEEN CREEK, AZ
- 11) JOHNSON RANCH UNIT 1 LOT 91, QUEEN CREEK, AZ
- 12) JOHNSON RANCH UNIT 1 LOT 96, QUEEN CREEK, AZ
- 13) SE CORNER 56TH & CACTUS, SCOTTSDALE, AZ
- 14) NW CORNER LEITH LANE & SHEA, SCOTTSDALE, AZ
- 15) C/O ATTAWAY & BELLE VISTA RD, QUEEN CREEK, AZ
- 16) 32510 SOUTH PICACH, ELOY, AZ



Allied
Insurance

a member of Nationwide Insurance

ALLIED FARM-PAK SUMMARY

PRINTED 04/15/2003

701 5TH AVE
DES MOINES, IA 50391-2000

Number: FPK 7201230421 Effective from 03/20/2003 to 03/20/2004

Named Insured: GENERAL HUNT PROPERTIES, INC.

DBA LA OSA

Mailing Address: 5230 EAST SHEA BOULEVARD
SCOTTSDALE, AZ 85254

Agency Name: NEW CENTURY INSURANCE SERVICES 02 20895 72

Agency Address: SCOTTSDALE AZ 85254-6130 (480)922-8008

Division	Program	Total Premium
A	BUSINESS AUTO	\$886.00
B	FARM PROPERTY OR FARM PACKAGE	\$4,070.00
C	FARM EXCESS LIABILITY	\$1,900.00

RECEIVED
APR 21 2003

THIS IS NOT A BILL, SEE YOUR BILLING STATEMENT

Estimated Total Premium: \$ 6,856.00

This ALLIED Farm-Pak is a portfolio of individual policies which combines various insurance coverages written in the ALLIED Group Companies. It is not a single policy, but a group of separate contracts of insurance for the various coverages for which a premium is shown.

DIRECT BILL EJN001

72VR

2003105

AGENT COPY

FPK 7201230421

72 0002928

PAKSUM (01-97)



**Allied
Insurance**

a member of Nationwide Insurance

FARM DECLARATIONS

POLICY NUMBER: FPK FMP 72 0 1230421
IS EFFECTIVE FROM: 03/20/03 TO 03/20/04
12:01 AM STANDARD TIME AT THE
ADDRESS OF THE NAMED INSURED(S).

NATIONWIDE MUTUAL INSURANCE COMPANY
701 5TH AVE
DES MOINES IA 50391-2000
NEW BUSINESS

POLICY NUMBER: FPK FMP 72 0 1230421

Named Insured(s) and Address **GENERAL HUNT PROPERTIES, INC. - DBA**
LA OSA
5230 E SHEA BLVD
SCOTTSDALE AZ 85254-5750

Agent Name and Address **NEW CENTURY INSURANCE SERVICES**
SCOTTSDALE AZ 85254

Agent Number 20895
Producer: 208

Form	Important Notice
IN7137	<p>WELCOME TO ALLIED INSURANCE! ALLIED, A MEMBER OF NATIONWIDE INSURANCE HAS CONSISTENTLY EARNED AN "EXCELLENT" RATING FROM THE A.M. BEST COMPANY, AN INDEPENDENT ORGANIZATION WHICH MEASURES FINANCIAL STABILITY OF INSURANCE COMPANIES. ALONG WITH THIS NEW POLICY, YOU RECEIVE OUR PLEDGE TO QUALITY. OUR EMPLOYEES WORK HARD EVERY DAY TO MAKE SURE OUR CUSTOMERS ENJOY VALUE AND SERVICE SECOND TO NONE ANYWHERE. YOU'LL DISCOVER THAT FOR YOURSELF IN THE COURSE OF WHAT WE HOPE WILL BE A LONG RELATIONSHIP. WE KNOW THAT PROPER COVERAGE IS VERY IMPORTANT TO YOU. PLEASE READ YOUR POLICY CAREFULLY AND REVIEW YOUR DECLARATIONS PAGE FOR COMPLETE INFORMATION ON THE COVERAGES PROVIDED.</p> <p>WE ARE LOOKING FORWARD TO SERVING YOU!</p> <p>PREMIUM FOR CERTIFIED ACTS OF TERRORISM: \$0</p>
EARTHQUAKE INFORMATION	PREMIUM INFORMATION
COVERAGE NONE	PROPERTY PREMIUM \$1,563.00
DEDUCTIBLE %	LIABILITY PREMIUM \$2,507.00
	TOTAL ANNUAL PREMIUM \$4,070.00
MPD = N	TOTAL PREMIUM DUE \$4,070.00

AGENT'S COPY
FARM LOCATION SCHEDULE

Loc	Acres	Location Information				County Name & Number	State
		Address City Number & Name Fire District Number & Name	Zipcode Prot Class	Terr	Section Township Range		
1	320	LOT 1 QUEEN CREEK	85242 10	000	33 9S 7E	PINAL 011	AZ
2	11680	SEE COMPANY FILE FOR ALL OTHER	85242 10	000	LEGAL DESCRIPTIONS XXX	PINAL 011	AZ

The interest of the insured in the premises is that of

Countersigned this _____ day of _____, _____ by _____

8103 (01-01) 00

Authorized Representative

FARM LIABILITY INFORMATION

Coverage is provided only where a premium and a limit of liability are shown for that coverage.

COV	DESCRIPTION	LIMIT	PREMIUM
H	Farm Liability & Exchange Labor Bodily Injury And Property Damage Per Occurrence	\$1,000,000	\$2,225.00
	12000 Total Acres At All Locations in AZ		
	1 Additional Dwellings With Personal Liability		\$47.00
	1 Additional Dwellings Rented To Others On Farm		\$22.00
	Additional Residence Or Set Of Buildings		
	01 Livestock Type 504 Livestock Number		\$194.00
	N Hobby Farm		
	N Lessor's Risk		
I	Personal Injury And Advertising Injury Per Person Or Entity	\$1,000,000	INCLUDED
	Products And Completed Operations Aggregate All Occurrences	\$1,000,000	INCLUDED
J	Medical Payments Per Person	\$5,000	\$19.00
	Medical Payments Per Occurrence	\$25,000	INCLUDED
	General Annual Aggregate For Coverages H, I, and J All Occurrences	\$2,000,000	INCLUDED
	Farmers Medical Payments Per Person		
	INSURED FARM EMPLOYEES RATED ON A PER CAPITA BASIS: TYPE AND NUMBER EMPL AT ANY TIME DURING THE POLICY. SAME LIMITS AS COVERAGES H, I AND J.		
	FULL TIME WORKING IN EXCESS OF SIX MONTHS PART TIME WORKING TWO TO SIX MONTHS PART TIME WORKING LESS THAN TWO MONTHS RESIDENCE (NON-FARM) IN EXCESS OF TWO EMPL INCREASED EMPLOYEE MEDICAL		
Total Annual Farm Liability Coverage Premium For State AZ			\$2,507.00

AGENT'S COPY
FARM ENDORSEMENTS
SCHEDULE

This policy is subject to the following forms. For additional information refer to Form 8110.

Form	Date	Premium	Title
FO70701	0101		BLANKET ACREAGE COVERAGE ENDORSEMENT
FL70627	0101		LIVESTOCK OPERATIONS COVERAGE ENDORSEMENT
FO70709	0101		COMMON POLICY CONDITIONS
CIL0021	0101		NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT
FP70582	0102		LIMITED FUNGI OR BACTERIA COVERAGE ENDORSEMENT
FL70658	0102		FUNGI OR BACTERIA EXCLUSION ENDORSEMENT
FP70580	0102		EXCL OF TERRORISM (W/LIMITED EXCEPTION) & EXCL OF
IN7182	0102		EXCL OF TERRORISM & EXCL OF WAR & MILITARY ACTION
FL70020	0701		FARM LIABILITY COVERAGE FORM
FL70615	0101		LIMITED FARM CHEMICAL APPLICATION COVERAGE ENDORSE
FL70625	0101		LIMITED POLLUTION COV-BUY BACK END COVERAGE
FO70802	0701		ARIZONA AMENDATORY ENDORSEMENT
FP70010	0701		FARM PROPERTY COVERAGE FORM
IN0000	0102		PRIVACY STATEMENT AND PROCEDURES
13614	1185		SPECIAL CONTINUATION PROVISION

FORM 8110
ADDITIONAL INFORMATION

Form	DESCRIPTION
FP70582	<p>LIMITED FUNGI OR BACTERIA COVERAGE ENDORSEMENT - PROPERTY LIMIT: \$10,000</p>



AMENDMENT
Declarations

**FARM EXCESS LIABILITY
INSURANCE POLICY
NATIONWIDE MUTUAL INSURANCE CO
701 5TH AVENUE
DES MOINES IA
1-515-280-4211**

503912000

Policy Number: **FPK FAE 7201230421**

Item:

1. Named Insured: **GENERAL HUNT PROPERTIES, INC. - DBA
LA OSA AND KING RANCH**

2. Address: **5230 EAST SHEA BOULEVARD
SCOTTSDALE AZ 852540000**

Agent: **NEW CENTURY INSURANCE SERVICES**
Address: **SCOTTSDALE AZ 852540000**
72 02 20895 0000

3. Policy Term: From **03/20/03** to **03/20/04** 12:01 A.M. Standard Time at the address of the Named Insured as stated above.

In return for the payment of premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

4. Coverage	Limit of Liability	Premium
		PREMIUM FOR CERTIFIED ACTS OF TERRORISM: \$0
FARM EXCESS	\$5,000,000	Each Occurrence
LIABILITY	\$5,000,000	Policy Aggregate Limit \$1,900.00

5. Schedule of Underlying Insurance: See Endorsement FAE 00 01 (10-92)

6. Forms and Endorsements:	FAE0001	1092	FAE1	1092	IN0000	0102
	15356	1101	10309	1189	FAE0009	0102
	13614	1185	FAE0003	0296		

Previous Policy Number:

Countersigned by _____
Authorized Representative

FAE-D (10-98)

DIRECT BILL

72U7 03142

AGENCY

22

72 00979

Item 5 Schedule of Underlying Insurance

WARNING: If for any reason one or more of these policies are not in full force and effect at the time of "loss" this excess policy will not apply to that "loss."

Type of Policy	Minimum Limits of Liability
Farm Liability	\$300,000 Each Occurrence
Personal Liability	\$300,000 Each Occurrence
Automobile Liability and Recreational Vehicle Liability	\$500,000 Each Person \$500,000 Each Accident Bodily Injury \$50,000 Each Accident Property Damage OR \$500,000 Each Accident Combined Single Limit
Watercraft Liability	\$300,000 Each Accident
Employers Liability	Bodily Injury by Accident NO COVERAGE Each Accident
Other Liability (Describe Type of Policy and Limits)	

IMPORTANT NOTICE: RESTRICTIONS, LIMITATIONS, AND EXCLUSIONS TO THE ABOVE SCHEDULED UNDERLYING POLICIES OR THEIR REPLACEMENTS WILL ACT AS RESTRICTIONS, LIMITATIONS AND EXCLUSIONS TO THIS EXCESS POLICY

NATIONWIDE MUTUAL INSURANCE CO
701 5TH AVENUE DES MOINES IA 503912000

**FARM EXCESS LIABILITY
FORMS AND ENDORSEMENTS SUMMARY**

Number: FPK FAE 7201230421

Period:
From 03/20/03 To 03/20/04

FORM/ENDORSEMENT	DATE	TITLE
FAE0003	0296	FARM EXCESS PROTECTION PLUS ENDORSEMENT
FAE0009	0102	TERRORISM EXCLUSION
FAE1	1092	FARM EXCESS LIABILITY POLICY COVERAGE FORM
IN0000	0102	PRIVACY STATEMENT AND PROCEDURES
IN7193	0102	IMPORTANT NOTICE - TERRORISM EXCLUSION
10309	1189	MANDATORY ENDORSEMENT
13614	1185	SPECIAL CONTINUATION PROVISION
15356	1101	ARIZONA CHANGES - CANCELLATION AND NONRENEWAL

RECEIVED FEB 11 2004

ACORD CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 02/09/2004
PRODUCER (480)834-9315 FAX (480)649-0485 LeBaron & Carroll, CDI 1350 E. Southern Ave. Mesa, AZ 85204		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURED 3-F Contracting Inc. 8840 E. Brilliant Sky Circle Gold Canyon, AZ 85218		INSURERS AFFORDING COVERAGE
		NAIC #
		INSURER A: Owners Insurance Co. 32700
		INSURER B:
		INSURER C:
		INSURER D:
		INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADDITIONAL LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	BINDER	02/09/2004	02/09/2005	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
A		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	BINDER	02/09/2004	02/09/2005	COMBINED SINGLE LIMIT (EA accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
A		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000	BINDER	02/09/2004	02/09/2005	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATL. TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A		OTHER Inland Marine - Equipment Floater - All Risk	BINDER	02/09/2004	02/09/2005	Rented/Leased Equipmt \$1,000,000 Deductible \$500.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Certificate Holder is named Additional Insured per form 55202

*Revised Certificate of Insurance supercedes certificate issued 10/23/03

**Landscape work

CERTIFICATE HOLDER	CANCELLATION
Johnson International Inc 5230 E Shea Scottsdale, AZ 85254	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
	AUTHORIZED REPRESENTATIVE <i>Deborah Johnson</i>

ACORD CERTIFICATE OF LIABILITY INSURANCE

OCT 27 2003

DATE (MM/DD/YYYY)
10/23/2003

PRODUCER (480)834-9315 FAX (480)649-0485
eBaron & Carroll, CDI
1350 E. Southern Ave.
Mesa, AZ 85204

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC #

SURED 3-F Contracting Inc.
8840 E. Brilliant Sky Circle
Gold Canyon, AZ 85218

INSURER A: Colorado Casualty

INSURER B:

INSURER C:

INSURER D:

INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

SR ADD'L TR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	CPP0213398-01	05/13/2003	05/13/2004	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				GENERAL AGGREGATE \$ 2,000,000
					PRODUCTS - COMPI/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
A	EXCESS/UMBRELLA LIABILITY	BINDER	09/17/2003	05/13/2004	EACH OCCURRENCE \$ 4,000,000
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$ 4,000,000
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input checked="" type="checkbox"/> RETENTION \$ 10,000				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS O/H-ER \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$
A	OTHER Inland Marine	CPP0213398-01	05/13/2003	05/13/2004	Rented Eqpt-\$100,000 Subject to \$500 Deductible

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Certificate Holder is named Additional Insured

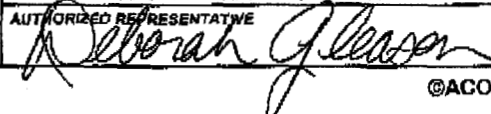
CERTIFICATE HOLDER

Johnson International Inc
5230 E Shea
Scottsdale, AZ 85254

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



Oct 23 2003 4:36PM LEBARON & CARROLL

480 649 0485

p.1

ACORD CERTIFICATE OF LIABILITY INSURANCEDATE (MM/DD/YYYY)
10/23/2003

PRODUCER (480)834-9315 FAX (480)649-0485
 LeBaron & Carroll, CDI
 1350 E. Southern Ave.
 Mesa, AZ 85204

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION
 ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE
 HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR
 ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED 3-F Contracting Inc.
 8840 E. Brilliant Sky Circle
 Gold Canyon, AZ 85218

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Colorado Casualty

INSURER B:

INSURER C:

INSURER D:

INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR (INSR)	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	CPP0213398-01	05/13/2003	05/13/2004	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED EQUIPMENT (Per occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC				GENERAL AGGREGATE \$ 2,000,000
	AUTOMOBILE LIABILITY				PRODUCTS - COMPOD AGG \$ 2,000,000
	ANY AUTO				COMBINED SINGLE LIMIT (Per accident) \$
	ALL OWNED AUTOS				BODILY INJURY (Per person) \$
	SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	HIRED AUTOS				PROPERTY DAMAGE (Per accident) \$
	NON-OWNED AUTOS				AUTO ONLY - EA ACCIDENT \$
	GARAGE LIABILITY				OTHER THAN EA ACC \$
	ANY AUTO				AUTO ONLY: AGG \$
A	EXCESS/UMBRELLA LIABILITY	BINDER	09/17/2003	05/13/2004	EACH OCCURRENCE \$ 4,000,000
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$ 4,000,000
	DEDUCTIBLE				\$
	<input checked="" type="checkbox"/> RETENTION \$ 10,000				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU- TORY LIMITS <input type="checkbox"/> OTH- ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				EL EACH ACCIDENT \$
	If yes, describe under SPECIAL PROVISIONS below				EL DISEASE - EA EMPLOYEE \$
	OTHER				EL DISEASE - POLICY LIMIT \$
A	Inland Marine	CPP0213398-01	05/13/2003	05/13/2004	Rented Eqpt-\$100,000 Subject to \$500 Deductible

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Certificate Holder is named Additional Insured

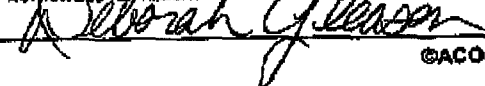
CERTIFICATE HOLDER

Johnson International Inc
 5230 E Shea
 Scottsdale, AZ 85254

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE
 EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL
 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT,
 BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY
 OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



ACORD 25 (2001/08) FAX: (480)483-7908

©ACORD CORPORATION 1981

ACORD CERTIFICATE OF LIABILITY INSURANCE RECEIVED JAN 19 2003/2003

PRODUCER (480)834-9315 FAX (480)649-0485
 eBaron & Carroll, CDI
 1350 E. Southern Ave.
 Mesa, AZ 85204

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED 3-F Contracting Inc.
 8840 E. Brilliant Sky Circle
 Gold Canyon, AZ 85218

INSURERS AFFORDING COVERAGE**NAIC #**INSURER A: **Colorado Casualty**

INSURER B:

INSURER C:

INSURER D:

INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADDL TR (NSRD)	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	CPP0213441-01	05/13/2003	05/13/2004	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				GENERAL AGGREGATE \$ 2,000,000
					PRODUCTS - COMPROP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
A	EXCESS/UMBRELLA LIABILITY	CUP0214069-01	08/29/2003	05/13/2004	EACH OCCURRENCE \$ 4,000,000
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$ 4,000,000
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input checked="" type="checkbox"/> RETENTION \$ 10,000				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$
A	OTHER Inland Marine	CPP0213441-01	05/13/2003	05/13/2004	Rented/Leased Eqpmnt-\$1,000,000 Subject to \$1,000. Deductible

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Certificate Holder is named Additional Insured per form CG2010 10 01

*Revised Certificate of Insurance supercedes certificate issued 10/23/03

**Landscape work

CERTIFICATE HOLDER**CANCELLATION**

Johnson International Inc
 5230 E Shea
 Scottsdale, AZ 85254

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Deborah Johnson